



Application for Free Library Service: Individual

National Library Service for the Blind and Physically Handicapped

The Library of Congress
Washington, DC 20542 Telephone 202-707-5100

Notice: Records relating to recipients of Library of Congress reading material are confidential except for those portions defined by local law as public information. To find out the extent to which the information provided on this application form may be released

to other individuals, institutions, or agencies, consult the agency to which you are submitting this application. If you do not know that address, send the completed application to the Library of Congress. It will be forwarded to the appropriate agency.

Please Print or Type

Name (Last)	(First)	(Initial)
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Street Address

City	County	State	ZIP
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Telephone ()	Date of Birth	Sex
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Please give the name of a person to be contacted if you cannot be reached for an extended period:

Name	Telephone ()
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By law, preference in lending of books and equipment is given to veterans. Please check here if you

have been honorably discharged from the armed forces of the United States.

Indicate the primary disability preventing you from reading standard printed material. See definitions

under eligibility criteria on page 4. Check only one box.

- | | |
|---|--|
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Reading disability |
| <input type="checkbox"/> Visual handicap | <input type="checkbox"/> Deaf and blind |
| <input type="checkbox"/> Physical handicap | |

In addition to any of the conditions above, do you also have a hearing

impairment? If yes, indicate the degree of hearing loss.

- ☐ **Moderate.** Some difficulty hearing and understanding speech.

- ☐ **Profound.** Cannot hear or understand speech.

Books and Equipment

You may borrow any of the following items. Check those you wish to receive. (Consult the enclosed *Facts: Playback Machines and Accessories Provided on Free Loan to Eligible Individuals and Institutions* for a full description of machines and accessories.)

- ☐ **Talking books on discs and Talking-Book Machine**

- ☐ **Talking books on cassettes and Standard Cassette Machine**
or
☐ **Easy Cassette Machine**
or
☐ **C-80 Cassette Machine**

- ☐ **Talking books on cassettes and discs and Combination Machine** (as available)
- ☐ **Braille books**

- ☐ **Magazines**
☐ Braille
☐ Flexible disc

Music materials

- ☐ Music scores in braille
☐ Music scores in large print
☐ Instructional recordings on cassette
☐ Instructional recordings on disc
☐ Music magazines in braille
☐ Music magazines in recorded form

(Note: Recorded music for listening is not available through this program.)

Accessories

- ☐ Plastic tone arm clip
☐ Headphones. Solely for use where loudspeakers are not permitted
☐ Remote control unit
☐ Breath switch
☐ Amplifier. Solely for use by readers with profound hearing loss. Ask for a separate application and obtain medical certification of significant hearing loss.
☐ Extension levers
☐ Pillowphone. Solely for readers confined to bed

Return of Equipment

Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction

with recorded reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the issuing agency.

Eligibility of Blind and Other Physically Handicapped Persons for Loan of Library Materials

- A. The following persons are eligible for loan service :
1. Blind persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting lenses. or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
 2. Other physically handicapped persons as follows:
 - (a) Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard printed material.
 - (b) Persons certified by competent authority as unable to read or unable to use standard printed material as a result of physical limitations.
 - (c) Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner.
- B. In cases of blindness, visual disability, or physical limitations, “competent authority” is defined to include doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; professional staff of hospitals. institutions, and public or welfare agencies (e.g., social workers. case workers, counselors, rehabilitation teachers, and superintendents). In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress.
- C. In the case of reading disability from organic dysfunction, competent authority is defined as doctors of medicine and doctors of osteopathy who may consult with colleagues in associated disciplines.
- D. Qualified readers must be residents of the United States, including the several states, territories, insular possessions. and the District of Columbia. or American citizens, domiciled abroad.

Lending of Materials and Classes of Borrowers

- A. **Veterans.** In the lending of books. recordings, reproducers, musical scores. instructional texts, and other specialized materials. preference shall be given at all times to the needs of the blind and other physically handicapped persons who have been honorably discharged from the armed forces of the United States.
- B. **Institutions.** The reading materials and sound reproducers for the use of blind and physically handicapped persons may be loaned to individuals who qualify, to institutions such as nursing homes and hospitals. and to schools for the blind or physically handicapped for the use of such persons only. The reading materials and sound reproducers may also be used in public or private schools where handicapped students are enrolled; however, the students in public or private schools must be certified as eligible on an individual basis and must be the direct and only recipients of the materials and equipment.

Reading Preferences

- ☐ Send only the specific titles I will request. Do not select books for me.

If you wish to have books selected for you, the library needs information about your reading interests. Please check the types of books or subjects you prefer, or write your reading interests in the space provided.

- ☐ I wish to have books selected for me in the categories checked below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adventure stories | <input type="checkbox"/> Family stories | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Fine arts | <input type="checkbox"/> Politics & government |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Gothic novels | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Bible & religion | <input type="checkbox"/> Health | <input type="checkbox"/> Science & nature |
| Denomination _____ | <input type="checkbox"/> Historical fiction | <input type="checkbox"/> Science fiction |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> History-U.S. | <input type="checkbox"/> Sea stories |
| <input type="checkbox"/> Classic novels | <input type="checkbox"/> History- World | <input type="checkbox"/> Short stories |
| <input type="checkbox"/> Cooking & homemaking | <input type="checkbox"/> Humor | <input type="checkbox"/> sports |
| <input type="checkbox"/> Detective & mystery stories | <input type="checkbox"/> About music | <input type="checkbox"/> Spy stories |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Occult & supernatural | <input type="checkbox"/> Travel |
| | <input type="checkbox"/> Philosophy & psychology | <input type="checkbox"/> War stories |
| | | <input type="checkbox"/> Western stories |

My other reading interests are _____

- | | |
|---|--|
| <input type="checkbox"/> I do not wish to receive books that contain
strong language
violence
explicit descriptions of sex | <input type="checkbox"/> Check this box if you read English only.
or
<input type="checkbox"/> List the languages in which you are fluent, beginning with your native language.

_____ |
|---|--|

To Be Completed by Certifying Authority

(Refer to Section B on the back of this form for a definition of certifying authority)

I certify that the applicant named has requested library service and is unable to read or use standard printed material for the reason indicated on page one of this form. (Please print or type.)

Name _____ Date _____

Title and Occupation _____

Street Address _____ Telephone () _____

City _____ State _____ ZIP _____

Signature _____